

Traumatic Brain Injury Part 2: Signs and Symptoms Traumatic Brain Injury

Pre-test

ID NO # _____

Date _____

This training will help community-based organizations and their staff to better meet the unique needs of diverse population that experience Traumatic Brain Injuries.

Please take a moment to respond to the following questions as honestly and critically as you can. Any information you provide will be helpful in improving future training and will be kept in confidence by the trainers. **Thanks for your help.**

Please define your position in the organization:

☐ Director/Administrator ☐ CDA ☐ YDC ☐ Other (Describe) _____

Rank your Level of Understanding/Knowledge Related to the Following Areas

	Not at all	Somewhat	Mostly	A Great Deal
Knowledge of signs and symptoms of traumatic brain injury.				
Understand the importance of documenting blows to the head.				
Understand the importance of documenting health history of events that may cause injury to the brain.				

Comments: _____